

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number	FOR COURT USE ONLY
Attorney for	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re:	CHAPTER _____ CASE NUMBER
Debtor.	DATE: TIME: COURTROOM:

APPLICATION FOR PAYMENT OF:

- ☐ **INTERIM FEES AND/OR EXPENSES (11 U.S.C. § 331)**
☐ **FINAL FEES AND/OR EXPENSES (11 U.S.C. § 330)**

1. Name of Applicant (*specify*):
2. Type of Services Rendered:
 - a. ☐ Attorney for (*specify*):
 - b. ☐ Accountant for (*specify*):
 - c. ☐ Other Professional (*specify*):
3. Date of Filing of Petition under Chapter _____ of the Bankruptcy Code:
4. Date of Entry of Order Approving Applicant's Employment:
5. Date of Filing of last Fee and/or Expense Application:
6. Total Fees allowed or paid to Applicant to Date (including Retainers and Prior Approved Fee Applications): \$
 - a. Retainer received: \$
 - b. Retainer remaining as of the date of this application: \$
 - c. Total amount requested in all prior applications: \$
 - d. Total amount actually paid pursuant to prior approved applications: \$
 - e. Total amount currently due but unpaid pursuant to prior approved applications: \$
 - f. Total amount allowed but reserved pending final fee application: \$

(Continued on next page)

In re _____	CHAPTER _____
Debtor. _____	CASE NUMBER _____

7. Summary of Requested Fees: (Attach detailed supporting documentation to this Application)

Professional Person's Name	Hourly Rate	x	Total Hours this Person	=	Total Fees this Person
a.	\$	x		=	\$
b.	\$	x		=	\$
c.	\$	x		=	\$
d.	\$	x		=	\$
e.	\$	x		=	\$
f.	\$	x		=	\$
g. <input type="checkbox"/> Continued on Attached Page					

8. The hourly rates above are the same rates charged by the above professionals for non-bankruptcy services except as follows: ☐ See Attached Page

9. Bonus requested (final fee applications only): \$
(Attach Declaration and Memorandum of Points and Authorities justifying bonus)

10. **TOTAL FEES REQUESTED THIS APPLICATION:** \$

11. Total Expenses paid to Applicant to Date (including Retainers and Prior Approved Expense Applications): \$

12. **Summary of Requested Expense Reimbursement:** (Attach detailed supporting documentation to this Application)

Type of Expense	Reimbursement Requested this Application
a.	\$
b.	\$
c.	\$
d.	\$
e.	\$
f.	\$
g. <input type="checkbox"/> Continued on Attached Page	

13. **TOTAL EXPENSE REIMBURSEMENT REQUESTED THIS APPLICATION:** \$

14. Applicant submits the following in support of the Application herein pursuant to Local Bankruptcy Rule 2016-1 (*specify*):

15. Total Number of attached pages of supporting documentation: _____

16. Applicant declares under penalty of perjury under the laws of the United States of America that the foregoing Application and all attached supporting documentation are true and correct and accurately reflect services rendered and expenses incurred.

17. Executed on the _____ day of _____, 20_____, at _____, California.

Type Name of Applicant

Signature of Applicant